

Committee for Political Action (PAC) Registration Form

State of Nevada #1319

Print or type the following information; complete both sides of this registration form:

REGISTRATION: (check one) ☒ New registration ☐ Amended registration (if amended, list reason)

REASON FOR AMENDMENT: ☐ Change in officers ☐ Change resident agent
☐ Other _____

NAME OF COMMITTEE: TAX AND SPEND CONTROL FOR NEVADA

Mailing Address:

5201 S. TORREY PINES #1262
LAS VEGAS NV 89118 702-338-5410
City State Zip Telephone

PURPOSE: (Briefly state the purpose for which the political action committee was organized.)

TO PASS THE TAX AND SPEND CONTROL AMENDMENT

RESIDENT AGENT: (Pursuant to NRS 294A.240, each committee for political action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)

Name of Resident Agent: CRAIG MUELLER

Mailing Address:

808 7TH ST.
LAS VEGAS NV 89101 702-352-1200
City State Zip Telephone

ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, CRAIG MUELLER, hereby accept appointment as Resident Agent for the
above named committee for political action.


Signature of Resident Agent

1/10/06
Date

FILED

JAN 10 2006

NSB

SECRETARY OF STATE

OFFICERS:

(Please list the name, title, address and telephone number of each officer.)

ANN O'CONNELL
Name
CHAIR 702-451-3444
Title Telephone Number
BOB BEENS
Name
702-256-1072
Title Telephone Number

KILEY CHANDLER
Name
TREASURER 775-331-1812
Title Telephone Number

BARBARA CEGAVSKIE
Name
702-873-0711
Title Telephone Number

MARK WARREN
Name
702-321-8050
Title Telephone Number

7225 MONTECITO CIRCLE
Address
LAS VEGAS, NV, 89120
City/State/Zip
9428 GRENVILLE AVE
Address
LAS VEGAS, NV 89134
City/State/Zip

10555 STEAR BLVD STE 1
Address
RENO, NV, 89506
City/State/Zip

6465 LANERO ST
Address
LAS VEGAS, NV 89146
City/State/Zip

9310 NAM CLIFF PLACE
Address
LAS VEGAS, NV 89178
City/State/Zip

AFFILIATIONS: (If the committee for political action is affiliated with any other organizations, list the name, address and telephone number of each organization.)

Name of Organization:**Address:****Telephone No.:****Submitted By:**

Bob Beens
Name of representative of group

1/10/05
Date

Send Completed Form to:
SECRETARY OF STATE
101 NORTH CARSON STREET #3
CARSON CITY, NEVADA 89701-4786

PHONE: (775) 684-5705 FAX: (775) 684-5718

FILED**JAN 10 2006**

SECRETARY OF STATE